

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM DD-470)						SERIAL NO. 10/091061		ARMED RATE	
1-100 CANCELED									
	AS FILED		AFTER NO AMENDMENT		AFTER ONE AMENDMENT				
	NO.	DEP.	NO.	DEP.	NO.	DEP.		NO.	DEP.
10 1							11		
10 2							12		
10 3							13		
10 4							14		
10 5							15		
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10 45							55		
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10 47							57		
10 48							58		
10 49							59		
10 50							60		
TOTAL NO.	2		4		4		TOTAL NO.		
TOTAL DEP.	10		26		25		TOTAL DEP.		
TOTAL CLAIMS	12		30		29		TOTAL CLAIMS		

BEST AVAILABLE COPY